

DRAFT MINUTES
of the Second Meeting of the
Medical Nutrition Therapy Technical Review Committee
December 8, 2020
9:00 a.m. to Noon
(This meeting was a webex meeting)

Members on the call

Douglas Vander Broek, DC
Brandon Holt, BSRT
Kenneth Kester, PharmD, JD
Theresa Parker, MA, NHA
Stephen M. Peters, BA, MA
Marcy Wyrens, RRT

Members Absent

Jessica Oneel, ATC

Staff persons on the call

Matt Gelvin
Ron Briel
Marla Scheer

I. Call to Order, Roll Call, Approval of the Agenda

Dr. Vander Broek called the meeting to order at 9:05 a.m. The roll was called; a quorum was present. Dr. Vander Broek welcomed all attendees. The agenda and Open Meetings Law were posted and the meeting was advertised online at <http://dhhs.ne.gov/Licensure/Pages/Credentialing-Review.aspx>. The committee members unanimously approved the agenda for the second meeting and the revised minutes of the first meeting.

II. Questions About and Discussion on the Applicants' Proposal

Paula Ritter-Gooder, PhD, speaking on behalf of the applicant group, stated that the proposal would replace the current MNT credential with two separate, distinct, medical nutrition credentials, one a license for Dietitian Nutritionists and another license for non-Dietitian Nutritionists, the latter being inclusive of Certified Nutrition Specialists, for example. Additionally, the proposal would clarify the academic and practice requirements necessary for practitioners to become eligible for licensure. Ms. Ritter-Gooder commented that currently there are ten states which utilize the dual approach to licensure defined in the proposal under review.

Committee member Theresa Parker, MA, NHA, asked the applicants to clarify the difference between CNSs and RDNs. Ms. Ritter-Gooder replied that there is very little difference between them in terms of education and training. Ms. Parker then asked the applicants what implications the proposal would have for health care facilities such as nursing homes in rural areas of Nebraska. Committee member Marcy Wyrens asked what implications the proposal would have for access to care in rural areas of Nebraska. Ms. Parker asked the applicants if rural facilities could still utilize the services of RDs under the terms of the proposal. Ms. Parker went on to comment that it is difficult for rural health care facilities to find licensed dietetic practitioners willing to work for them, for example. She asked the applicants how can rural facilities find enough licensed people to provide medical nutrition therapy? Ms. Ritter-Gooder responded by stating that current law already requires that each facility in Nebraska have at least one licensed medical nutrition therapist available for medically vulnerable residents. Ms. Ritter-Gooder added that food service providers are not required to be licensed and that the proposal would do nothing to change this aspect of nutrition services in health care facilities in our state.

Ms. Parker asked the applicants how the proposal would impact nurses who provide services in rural healthcare facilities. An applicant representative responded by stating that the proposal would not adversely impact these nurses and that the services of these nurses would be protected by their nursing license which defines what nurses can / cannot do.

Ms. Parker asked whether representatives of the medical profession have any concerns about the proposal. Amy Reynoldson, representing NMA at this meeting, commented that NMA has not yet completed reviewing the proposal and is not yet prepared to make a comment on it. Ms. Ritter-Gooder commented that medical staff oversees and approves all dietary orders in Nebraska long-term care facilities, and nothing in the current proposal would alter these procedures.

Committee member Stephen Peters asked the applicants to clarify the details of the dual licensure concept in their proposal. He suggested that the applicants create a chart or table to show, step-by-step, how this concept would work. Committee member Brandon Holt agreed that something like a chart or a table would be helpful in understanding this aspect of the proposal. Amy Reynoldson also indicated that having a chart or a table of some kind would be helpful in understanding how this aspect of the proposal would work. Mr. Peters asked the applicants what would CNSs be required to do under the terms of the proposal? What would RDNs be required to do? Ms. Ritter-Gooder responded by referring Mr. Peters to pages 122-124 of the original proposal for insight into these questions.

Mr. Peters continued his questioning by asking the applicants who would be responsible for a diagnosis, the medical nutrition therapist or a supervising physician? Ms. Ritter-Gooder responded by stating that only medical nutrition therapists make a nutrition diagnosis and only they are responsible for their diagnoses. Ms. Hackel-Smith, a member of the applicant group, commented that nutrition diagnoses are not medical diagnoses, rather they are entirely nutritional in nature and in no way would they be in conflict with the diagnoses of other health care practitioners.

Committee member Marcy Wyrens asked the applicants how critical care procedures would work under the terms of the proposal, specifically, vis-à-vis 1) working with critical care physicians, 2) working with patients who have swallowing problems vis-à-vis either medicines or foods, for example. Ms. Wyrens then informed the attendees that currently Nebraska medical nutrition therapists are not allowed under Nebraska law to order lab work for a patient. Given this, how would the proposal work vis-à-vis this aspect of care? Ms. Ritter-Gooder commented that there are other states that allow medical nutrition therapists to write lab orders, and that this change might one day come to Nebraska, as well. Ms. Wyrens continued her question about lab orders by stating that she also wanted to know how this aspect of the proposal would work if it were approved for medical nutrition therapists in Nebraska. Would there be conflicting orders between various independent providers? One applicant representative responded by stating that protocols would need to be worked out to prevent this from happening.

Committee member Brandon Holt expressed concern about what seems to him to be a “disconnect” between the Nebraska applicant group and its national organization on key issues. He went on to ask the applicants how do medical nutrition therapists learn to do lab orders? What are their skills in this regard? Ms. Ritter-Gooder responded by stating that medical nutrition therapists function via protocols when doing lab orders but do so independently of other health care providers. Linda Young responded that the achievement of Masters Degree education and training should soon successfully address these kinds of concerns.

III. Public Comments

Brittany McAllister, CNS, speaking on behalf of the American Nutrition Association, commented that the amended version of the applicant's proposal imposes unacceptable restrictions on the ability of CNSs to become licensed. This representative went on to state that this version of the proposal would impose standards on CNSs that are inappropriate for the way CNSs practice, standards that are more appropriate for the way Registered Dietitians practice. She went on to state that the current CNS credential provides CNSs with all the requirements they need become licensed, and that CNSs do not need the applicants' proposal for this purpose. Ms. Ritter-Gooder responded by stating that the applicant group is doing all it can to include the CNSs in the licensure process and that the proposed licensing process as defined is intended to accomplish this in such a way as to adhere to important standards pertinent to the protection of the public as well as treating all licensure candidates equally whether they be CNSs or RDNs.

IV. Other Business and Adjournment

Program staff stated that they would send out a "doodle poll" to set the date and time for the next meeting of the committee. There being no further business, the committee members unanimously agreed to adjourn the meeting at 11:00 a.m.